

RECEIPT #3



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Attorney

39,289
Reg. No.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Applicant : Greg S. Westrick
Serial No. : 09/711,671
Filed : November 13, 2000
Title : SYSTEM FOR ADMINISTERING AN ON-LINE FINANCIAL-AID SERVICE FOR A PLURALITY OF POST-HIGHSCHOOL EDUCATION FACILITIES
Docket : 052156-031
Art Unit : 2161

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Sir:

REQUEST FOR CORRECTED FILING RECEIPT

The undersigned respectfully requests the issuance of a corrected filing receipt for the following reasons:

The number of total claims is incorrect. The total number of claims should be 30.

A copy of the issued Filing Receipt is attached hereto.

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JUL 17 2001
TECHNOLOGY CENTER 2800

RECEIVED
JUL 18 2001
Technology Center 2100

Serial No. 09/711,671
Docket No. 052156-031
Request for Corrected Filing Receipt

No fee is required. The Commissioner is authorized to charge any additional fee required by this paper or to credit any overpayment to Deposit Account No. 20-0809.

Respectfully submitted,

By



David A. Mancino

Reg. No. 39,289

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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
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WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/711,671	11/13/2000	2161	0	052156.031	18	29	2

Theodore D Lienesch
Thompson Hine & Flory LLP
2100 Courthouse Plaza N E
10 West Second Street
Dayton, OH 45402

FILING RECEIPT



OC000000005783740

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FEB 27 2001

Date Mailed: 02/21/2001

DOCKETED

8/12/01 OA?
no ff

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Greg S. Westrick, Residence Not Provided;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/165,065 11/12/1999

Foreign Applications

If Required, Foreign Filing License Granted 02/20/2001

Title

System for administering an on-line financial-aid service for a plurality of post-highschool education facilities

Preliminary Class

705

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Data entry by : HARRISON, BRUCE

Team : 1700

Date: 02/21/2001



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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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- The docket number allows a maximum of 25 characters.
- If your application was submitted under 37 CFR 1.10, your filing date should be the "date in" found on the Express Mail label. If there is a discrepancy, you should submit a request for a corrected Filing Receipt along with a copy of the Express Mail label showing the "date in."
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Bib Data Sheet

CONFIRMATION NO. 7806

SERIAL NUMBER 09/711,671	FILING DATE 11/13/2000 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 052156.031	
APPLICANTS Greg S. Westrick, Residence Not Provided; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/165,065 11/12/1999 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/20/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY	SHEETS DRAWING 18	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
ADDRESS 27805					
TITLE System for administering an on-line financial-aid service for a plurality of post-highschool education facilities					
FILING FEE RECEIVED 0.00	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		